

**GOVERNMENT PURCHASE CARD
FUND CITE AUTHORIZATION**

DOCUMENT NUMBER:	DATE ISSUED	CHANGE NO.	EXPIRATION DATE	MASTER ACCOUNT CODE
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INSTRUCTIONS TO APPROVING OFFICIAL

This form is to be used by the Approving Official (AO) to request authority to expend funds for Government Purchase Card transactions.

This funding document is issued to establish a Master Account Code assigned to the accounting classification cited below. This document also supports the reservation of funds when applicable.

An amount equal to 1/3, 1/2, or the remaining balance of the quarterly amount will be obligated during the month that this document remains in effect. The accounting classification below will be charged for all authorized purchases made by approved cardholders.

Cardholders are required to maintain a transaction log with a running balance of available funds.

Cardholders must not expend funds after the expiration date shown below even if an available balance remains.

If cumulative expenditures exceed the commitment amount shown below, the cardholder and Approving Official can cause a violation of DFAS-DE7200.1R and may be held pecuniarily liable and be subject to disciplinary action.

A separate funding document and Purchase Card account must be established for purchases to be charged to a different appropriation.

Failure to certify and promptly submit the Approving Official's Monthly Summary Statement will result in the withdrawal of funding.

Return this document to the Financial Services Office (FSO) upon expiration.

REMARKS

REQUESTING OFFICIAL	OFFICE SYMBOL	RESOURCE ADVISOR	OFFICE SYMBOL
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PHONE NO.		PHONE NO.	
PRIOR QUARTERLY AMOUNT	INCREASE (+)	DECREASE (-)	NEW QUARTERLY AMOUNT

ACCOUNTING CLASSIFICATION

FUND CERTIFYING OFFICIAL'S STATEMENT I CERTIFY THAT THE NEW QUARTERLY AMOUNT ABOVE WILL BE AVAILABLE ON THE FIRST DAY OF EACH QUARTER UNLESS OTHERWISE ADVISED BEFORE THAT DATE.	APPROVING OFFICIAL'S STATEMENT I CERTIFY THAT I WILL NOT APPROVE AN IMPAC PURCHASE THAT WILL CAUSE THE TOTAL IMPAC PURCHASES TO EXCEED THE FUNDING DOCUMENT.
SIGNATURE	SIGNATURE
TYPE NAME OF FINANCIAL SERVICES OFFICER OR OFFICIAL DESIGNEE	TYPE NAME OF APPROVING OFFICIAL
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER